

To the Teacher: Before distributing to students, please clearly mark your team's scheduled events.

Chicago Shakespeare Slam 2022

PARENT/GUARDIAN CONSENT FORM (FOR STUDENTS 18 YEARS OR OLDER)

I understand that participation in this program requires students to attend the following events:

One Saturday "Team Workshop" at a Chicagoland-area school (checked below):

- Sep. 24, 8:30 a.m. – 3:00 p.m., U of C Lab School, 1362 E 59th St, Chicago, IL 60637
- Oct. 1, 8:30 a.m. – 3:00 p.m., Proviso Math and Science Academy, 8601 Roosevelt Rd, Forest Park, IL 60130
- Oct. 15, 8:30 a.m. – 3:00 p.m., Prosser Career Academy, 2148 N Long Ave, Chicago, IL 60639

Team rehearsals at school, under the supervision of the Teacher Coach

One Saturday "Regional Bout" in the Chicagoland-area (checked below):

- Nov. 5, 8:30 a.m. – 3:00 p.m., Morgan Park Academy, 2153 W 111th St, Chicago, IL 60643
- Nov. 12, 8:30 a.m. – 3:00 p.m., Senn High School, 5900 N Glenwood Ave, Chicago, IL 60660
- Nov. 19, 8:30 a.m. – 3:00 p.m., Hancock College Prep, 5437 W 64th Pl, Chicago, IL 60638

The "Final Bout" at Chicago Shakespeare Theater (ALL participants attend)

- Thursday night, Jan. 19, 2023, 6:00 p.m. – 9:00 p.m., Chicago Shakespeare Theater on Navy Pier

(PLEASE PRINT CLEARLY)

Your full name _____ Your grade level (in 2022-23) _____

Address _____ City _____ Zip _____

Emergency Contact #1

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Additional Information

Please list any additional information that you would like to share with the Education Department at Chicago Shakespeare Theater, such as food allergies or special accommodations.

OVER FOR MORE  

I understand that I was selected by my teacher to participate in this program, and I agree to the time commitment this program will require. I understand that travel arrangements to the places where events take place will be arranged and agreed upon with my teacher. I understand that while at Chicago Shakespeare Slam events, students will be under the supervision of their accompanying teacher/s, as well as Chicago Shakespeare Theater personnel.

I hereby consent to be photographed, videotaped, audio-taped, and/or interviewed by Chicago Shakespeare Theater, or the news media in conjunction with his/her participation in the Chicago Shakespeare Slam. I also consent to Chicago Shakespeare Theater's use of my photograph or likeness or voice on the Internet or on an educational CD, or any other electronic/digital media. I agree to release and hold harmless Chicago Shakespeare Theater, their trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my creative work, photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium. It is understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me, will become due to me, my heirs, agents, or assigns at any time because of my participation in any of the above-described use of my creative work, photograph, likeness or voice.

Your Name (Printed) _____

Your Signature _____ **Date** _____